

Under the Paperwork Reduction Act of 1		Attorney Docket	Number		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inventor		PARKINSON	
		COMPLETE IF			
		Application Number			
	,	Filing Date			
Declaration C Submitted OR with Initial Filing	Declaration Submitted after Initial	Group Art Unit			
	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			
My residence, mailing address, a I believe I am the original, first an names are listed below) of the su KEYBOARD IMPRO the specification of which	nd sole inventor (if only one na ubject matter which is claimed	ame is listed below) or a and for which a patent	an original, t is sought o	on the invention entitled:	
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I believe I am the original, first an names are listed below) of the sulfiction of the sulfiction of the specification of which the specification of which is attached hereto or was filed on (MM/DD/YYYY) Application Number I hereby state that I have reviewed amended by any amendment specifications, material into PCT international filing date of the I hereby claim foreign priority be certificate, or 365(a) of any PCT	and sole inventor (if only one nabject matter which is claimed OVEMENTS THAT (Title of the content of the cont	ame is listed below) or a land for which a patent CAN BE IN of the Invention) as United State ded on (MM/DD/YYYY) as of the above identified to patentability as dead belower the filing diction.	an original, t is sought on the sought of the sought of the process of the proces	on the invention entitled: 1 ENTE) on Number or PCT International (if applicable). ation, including the claims, as	

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing Date (MW/DD/YYYY)

Application Number(s)

[Page 1 of 2]
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PTO/SB/01 (10-00)
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DECLARATION — Utility or Design Patent Application

I Direct all correspondence to:	Customer Num or Bar Code La				OR 🛛	Correspondence address below		
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I her by declare that all statements made herein of my own knowledge are true and that all statements made on information and belif are believed to be true; and further that these statements were made with the knowledge that willful false statements and the likes of made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:								
Given Name (first and middle [if any]) JOHN VICTOR Family Name or Surname PARKINSON								
Inventor's Signature John V. Parlin Jun Date 01/15/2001								
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature Date						Date		
Residence: City			State		Country	Citizenship		
Mailing Address								
Mailing Address								
City	State			ZIP		Country		
Additional inventors are being named on thesupplemental Additional Inv_ntor(s) sheet(s) PTO/SB/02A attached her_to.								